

## LIVER DYSFUNCTION IN PRETERM INFANTS

### Supporting information

#### **Are preterm babies that are small for their gestational age at higher risk of parenteral nutrition-associated cholestasis (PNAC)?**

A study in 445 VLBW infants (Costa, 2010) found that 55 had PNAC. Infants with cholestasis had lower birth weight and gestational age but similar birth weight z-score compared with infants without cholestasis, and they received a lower amount of enteral feeds (25.8 +/- 20.7 vs 67.9 +/- 33.0 mL/kg,  $P < .001$ ), a greater amount of intravenous glucose (10.6 +/- 1.3 vs 7.5 +/- 2.5 g/kg,  $P < .0001$ ), lipids (1.8 +/- 0.4 vs 1.3 +/- 0.5,  $P < .0001$ ) and proteins (2.7 +/- 0.5 vs 1.9 +/- 0.7,  $P < .0001$ ), and needed a higher number of days of fasting (13.2 +/- 6.7 vs 6.5 +/- 4.8,  $P < .001$ ). Enteral intake between 0 and 21 days of life (OR 0.66; 95% CI 0.53, 0.81,  $P < .0001$ ) and oxygen therapy (OR 1.05; 95% CI 1.01, 1.09;  $P = .030$ ) were identified as the best independent predictors of PNAC. The authors concluded that small for gestational age infants did not have a higher risk of PNAC.

Costa S, Maggio L, Sindico P, et al. Preterm small for gestational age infants are not at higher risk for parenteral nutrition-associated cholestasis. *J Pediatr* 2010;156:575-9

**Evidence Level: IV**

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